

HISTORY FACILITY PROFILE

WASATCH CARE CENTER
3430 HARRISON BOULEVARD
OGDEN UT 84403
STATE'S REGION CODE: 001

PROVIDER #: 465009
PHONE NUMBER: (801) 399-5609
PARTICIPATION DATE: 04/30/1979

FACILITY BEDS
TOTAL: 69
CERTIFIED: 69
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

TYPE ACTION: RECERTIFICATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/11/2002

TOTAL: 57
MEDICARE: 14
MEDICAID: 30
OTHER: 13

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 69

18 18/19 19 ICF/MR
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69

CURRENT SURVEY REVISIT DATES - 09/18/2002

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT
04/1999		06/2000		05/2001		07/11/2002		

PROGRAM REQUIREMENTS

X	D					X C	D	09/11/2002	REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	D						REQ F0444-WASH HANDS WHEN INDICATED
				X	D				REQ F0463-RESIDENT CALL SYSTEM
		X	D						REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
						X C	E	09/11/2002	REQ F0494-NURSE AIDE TRAINING/COMPETENCY
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY	85 EXIST PRIOR 2 SURVEY	85 EXIST PRIOR 1 SURVEY	85 EXIST CURRENT SURVEY	PLAN/DATE OF CORRECTION
04/1999	04/2000	05/2001	07/15/2002	

LSC DEFICIENCIES - BLDG NO. 01

X	X	X	X C	08/31/2002	K0017-CORRIDOR WALLS
	X	X	X C	08/31/2002	K0018-CORRIDOR DOORS
	X		X C	07/15/2002	K0025-SMOKE PARTITION CONSTRUCTION
	X				K0038-EXIT ACCESS
X	X				K0050-FIRE DRILLS
X	X				K0051-FIRE ALARM SYSTEM
		X			K0052-TESTING OF FIRE ALARM
X		X			K0054-SMOKE DETECTOR MAINTENANCE
			X C	07/15/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	08/31/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0072-FURNISHING AND DECORATIONS
		X	X C	07/15/2002	K0104-PENETRATIONS OF SMOKE BARRIERS
	X		X C	08/31/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	2	2	1
HEALTH TOTAL	2	2	2	1
LIFE SAFETY CODE	7	6	6	4
LIFE SAFETY CODE + HEALTH	9	8	8	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/23/2001	SUBSTANTIATED
11/14/2001	UNSUBSTANTIATED
12/11/2001	UNSUBSTANTIATED
04/02/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
06/14/2001	COMPARATIVE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT